Iowa Department of Natural Resources

Private Water Well Renovation Record

State No.	state No. Well Renovation Permit						
1. Owner:							
Name:		City:			State:		
Address:		Zip:		Phone:			
2. Well Location:							
1/41/4	1/4	Sec.	_ T	N	R	W/E	
Muscatine County # 70	Parcel #/	District:					
Address of Well (if diffe	rent than abo	ve):					
3. Description:							
Well depth:	ft.	Casing mater		steel, plastic,	concrete, cla	y,	
Depth to water:	ft.			brick, stone (in	k, stone (indicate one) led, driven, bored, dug,		
Casing diameter:	in.	Type of construction	ction:				
Yr. or decade constrd.:				augured (indica	te one)		
Depth of casing:	ft.						
Briefly describe the work do	ne:						
•	-						
Well Renovation dor County Agent before I certify this well has been Iowa Administrative Code (1	any worl	abilitated as defi	s! ined by	y rule 567-47.5 "	'Water Sealing	g" of the	
may need concerning this we		•					
Signature of Owner: X] =	Date Renovated:			
If rehabilitated by certified w	vell contracto	or, complete this b	ox:				
I have rehabilitated this well Code (IAC). I agree to proceed the concerning this well.							
Signature of Contractor:			_	Cert. No.			
If rehabilitated by property of							
The property owner has rehated Administrative Code (IAC) v						the Iowa	
Signature of County Agent:			Dat	Date Rehabilitated:			
- • •							
Complete one form for each	ch well and	submit within 30	days	to the local cou	nty agent:		
Muscatine County Environmental Office				Water Supply Section			
3610 Park Avenue West, Muscatine, IA 52761-5634 Telephone (563) 263-0482 FAX (563) 288-4338				Department of Natural Resources 900 East Grand Avenue			
Email: zoning@co.muscatine.ia.us				Des Moines, IA 50319-0034			

DNR FORM 542-1519